

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>663320</i>	FILING DATE						
							APPLICANT(S)							
CLAIMS														
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1							51		1					
2		1					52		1					
3	1						53		1					
4	1						54		1					
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44	1						94							
45	1						95							
46	1						96							
47	1						97							
48	1						98							
49	1						99							
50	1						100							
TOTAL IND.	1						TOTAL IND.		1					
TOTAL DEP.	103						TOTAL DEP.		103					
TOTAL CLAIMS	104						TOTAL CLAIMS							